

MONTANA FIRE PREVENTION LICENSURE PROGRAM
PO Box 200517
301 South Park Avenue, Room 430
Helena, MT 59620-0517
Phone: 406-841-2064 Fax: 406-841-2050
Email: dlibsdfpl@mt.gov
Website: www.fireprotectionlicense.mt.gov

CHANGE OF EMPLOYER INFORMATION
For Fire Prevention Endorsees

Please complete the following information in order to update your employer information for your Fire Prevention License.

_____ **Check here if requesting a duplicate license and submit a \$5.00 fee with this form. A duplicate license will not be issued without paying the duplicate license fee.**

License Number: _____

Last Name: _____ First Name: _____ MI: _____

Previous Employer:

Name: _____ Fire Prevention License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Current Employer:

Name: _____ Fire Prevention License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Effective date of change (mm/dd/yyyy): _____

Is your employer your preferred mailing address?

_____ Yes

_____ No, please use the following address:

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Signature

Date